



# Provider Services Portal Facilities, Agencies, Organizations and Groups Milestone 4

## Overview

This document describes how Facilities, Agencies, Organizations (FAOs) and Groups should complete Milestone 4 of the enrollment application in the Provider Services Portal. This Quick Reference Guide is based on an example of a Group provider enrollment. Enrollment screens and requirements will vary based upon the specific provider type enrolling.

**Note:** At this time the portal is only available to providers who have never been enrolled in NYS Medicaid and who do not have a paper application pending in the eMedNY system.

## Milestone 4 of an Application

Milestone 4 of an application is comprised of steps 9 and 10. Optional steps will be marked as such on the left-hand menu next to the step number. Required fields are marked with a red asterisk (\*). The application will not move forward if required fields are left blank. To identify information still missing from a step marked as incomplete, hover over the triangle with an exclamation point (  ).

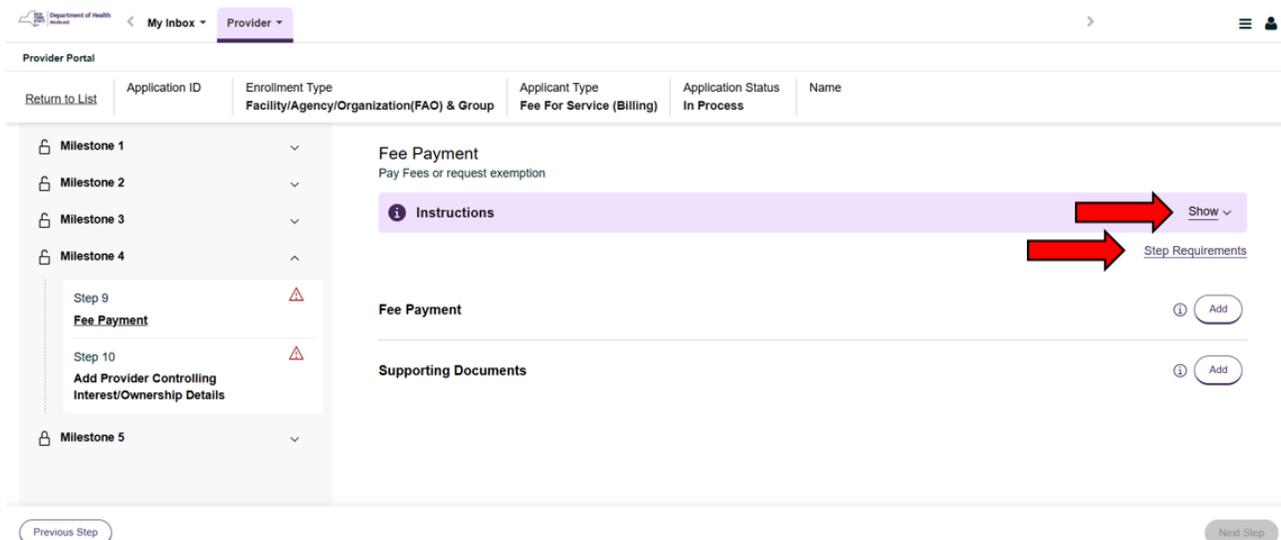
**Step 9** Fee Payment. Not all provider types are required to pay a fee.

### Provider Enrollment Application Fee

42 CFR § 455.460 requires the collection of an application fee for certain provider types and enrollment transactions. Review the Instructions for the page for more information by selecting the “Show” arrow.

**Click** the arrow next to the Show/Hide button in the purple instructions banner of any screen to display or hide requirements for that step.

**Click** the arrow next to the Step Requirements button below the purple instructions banner of any screen to display or hide requirements for that step.



The screenshot shows the 'Provider Portal' interface. On the left, a navigation menu lists Milestones 1 through 5. Milestone 4 is expanded to show Step 9 'Fee Payment' and Step 10 'Add Provider Controlling Interest/Ownership Details', both marked with a red warning triangle. The main content area displays the 'Fee Payment' section with the sub-header 'Pay Fees or request exemption'. Below this is a purple banner for 'Instructions' with a 'Show' button and a red arrow pointing to it. Underneath the banner are sections for 'Fee Payment' and 'Supporting Documents', each with an 'Add' button and a red arrow pointing to it. At the bottom of the page are 'Previous Step' and 'Next Step' buttons.

Click the **Add** button to add Fee Payment Details, if required for your provider type.

### Fee Payment

Pay Fees or request exemption

**i** Instructions

Show 

Click on Add button to add Fee Payment Details

Fee Payment

Add

Supporting Documents

**i**

Add

Click the Option that applies to applicant. Review of the Fee Payment options and descriptions to determine which option is appropriate. In the description you will find additional instructions related to each option.

### Fee Payment

Payment Reason

New Enrollment

Options	Description
<input type="radio"/> Pay Application Fee	Currently, a paper check is the only option to pay an application fee. After saving the details, please click on the download button at the end of this page to create a payment voucher, please mail your check along with the downloaded payment voucher. NOTE: please review and follow instructions on the Voucher to limit any potential delays in your applications review.
<input type="radio"/> Application Fee Paid To Other Program	Select this option if you are enrolled in Medicare (with the same NPI) or have already paid the fee to Medicare or another States Medicaid Provider Enrollment program (less typical). Select the program name and date of payment in the section below. Please Note: The Application Fee Exemption Form (EMEDNY-520101) must be uploaded. Please visit the following URL <a href="https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf">https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf</a> , to fill out the form and uploaded it in the Supporting Documents section of this step. NOTE: This is subject to review and validation and will only be verified using your organizations NPI.
<input type="radio"/> Request Hardship Waiver	If you would like to request a hardship waiver, select this option. Please be aware that requesting a waiver may cause delays in processing your application, as it requires additional review. Before submitting, you must upload a hardship letter in the Supporting Documents section. This letter must explain the reason for the hardship and be signed by an individual listed in this application who is authorized to submit the request. Along with the letter, you are required to provide last year's signed tax filings and returns, financial profit and loss statements, and bank statements for each of the last six months. Submission of a waiver does not guarantee approval, as it is subject to both state and federal review. If your waiver request is denied, you will be notified and required to pay the fee. Once all required documents are received, your application will move forward for review.

Start Date \*

MM/DD/YYYY

End Date

MM/DD/YYYY

Back

Save

If you select **Pay Application Fee**, the fee amount will appear. Enter the Start Date as the date you are working on the application, then **click Save**.

**Fee Payment**  
Payment Reason  
New Enrollment

Options	Description
<input checked="" type="radio"/> Pay Application Fee	Currently, a paper check is the only option to pay an application fee. After saving the details, please click on the download button at the end of this page to create a payment voucher, please mail your check along with the downloaded payment voucher. NOTE: please review and follow instructions on the Voucher to limit any potential delays in your applications review.

Amount  
\$750

Start Date\*   End Date  

[Back](#) [Download](#) [Save](#)

After clicking **Save** the payment status will show complete. **Click** on the edit pen underneath Actions.

**Fee Payment**  
Pay Fees or request exemption

**Instructions** [Show](#) ▼  
[Step Requirements](#)

**Fee Payment**

[Add](#) [Delete](#) [Show Filter](#) [Actions](#) ▼

Payment Id	Payment Reason	Fee Option	Payment Status	Payment Date	Actions
<input type="checkbox"/>	New Enrollment	Pay Application Fee	Payment Completed	02/17/2026	 

1-1 of 1 item 1 of 1 page ◀ ▶

**Supporting Documents** [Add](#)

[Next Step](#)

If **Pay Application Fee** has been selected, a pdf document named CNSIControlServlet.pdf will appear. This is the *New York State Medicaid Application Fee Payment Voucher*. Select **Download** to view and **print** a copy of the fee voucher, which has been pre-populated with the required information.

Amount	Refund/Payment Date	Payment Status
\$750	02/17/2026	Payment Completed
Start Date *	End Date	
02/17/2026	02/17/2026	

[Back](#) [Download](#) [Save](#)



After printing the *NY Medicaid Application Fee Payment Voucher*, **mail the document and payment** choosing one of the mailing options listed at the bottom of the document.



**NY Medicaid Application Fee Payment Voucher**

(Print this voucher and mail it, along with your payment check)

Application ID:  
Provider ID:  
EIN:  
Provider Name:  
NPI:  
Amount: \$750  
Voucher Creation Date: 02/17/2026

**Instructions:**

The enrollment fee for 2026 is \$750

Enclose a check payable to the **New York State Development of Health** along with this payment voucher. Be sure to include your NPI or Federal Employer Identification Number (FEIN) on the check.

Print this voucher and mail it, along with your payment check, to the following address:



STANDARD MAILING	EXPEDITED / PRIORITY MAILING
eMedNY P.O. Box 4603 Rensselaer, NY 12144-4603	eMedNY ATTN: Box 4603 327 Columbia Turnpike Rensselaer NY 12144

Click **Next Step** to move to **Step 10**.

**Fee Payment**  
Pay Fees or request exemption

**Instructions** Show ▾

[Step Requirements](#)

**Fee Payment**

Add Delete Show Filter Actions ▾

<input type="checkbox"/> Payment Id ↑↓	Payment Reason ↑↓	Fee Option ↑↓	Payment Status ↑↓	Payment Date ↑↓	Actions
<input type="checkbox"/>	New Enrollment	Pay Application Fee	Payment Completed	02/17/2026	<a href="#">✎</a> <a href="#">🗑</a>

1-1 of 1 item 1 ▾ of 1 page ◀ ▶

**Supporting Documents** Info Add



If Application Fee Paid to Other Program has been selected, complete the required fields, then click **Save**.

Options	Description
<input type="radio"/> Pay Application Fee	Currently, a paper check is the only option to pay an application fee. After saving the details, please click on the download button at the end of this page to create a payment voucher, please mail your check along with the downloaded payment voucher. NOTE: please review and follow instructions on the Voucher to limit any potential delays in your applications review.
<input checked="" type="radio"/> Application Fee Paid To Other Program	Select this option if you are enrolled in Medicare (with the same NPI) or have already paid the fee to Medicare or another States Medicaid Provider Enrollment program (less typical). Select the program name and date of payment in the section below. Please Note: The Application Fee Exemption Form (EMEDNY-520101) must be uploaded. Please visit the following URL <a href="https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf">https://www.emedny.org/info/ProviderEnrollment/ProviderMaintForms/520101_Application_Fee_Exemption_Form.pdf</a> , to fill out the form and uploaded it in the Supporting Documents section of this step. NOTE: This is subject to review and validation and will only be verified using your organizations NPI.
<input type="radio"/> Request Hardship Waiver	If you would like to request a hardship waiver, select this option. Please be aware that requesting a waiver may cause delays in processing your application, as it requires additional review. Before submitting, you must upload a hardship letter in the Supporting Documents section. This letter must explain the reason for the hardship and be signed by an individual listed in this application who is authorized to submit the request. Along with the letter, you are required to provide last year's signed tax filings and returns, financial profit and loss statements, and bank statements for each of the last six months. Submission of a waiver does not guarantee approval, as it is subject to both state and federal review. If your waiver request is denied, you will be notified and required to pay the fee. Once all required documents are received, your application will move forward for review.

Fee Paid To \* ⓘ

Select ▾

Refund/Payment Date  📅

Start Date \*  📅

End Date  📅

Back Save

After clicking **Save**, the Payment Status will show N/A. Click **Add** next to **Supporting Documents**. Follow instructions for uploading as in previous Milestones.

**Fee Payment**

<input type="checkbox"/>	Payment Id ↑↓	Payment Reason ↑↓	Fee Option ↑↓	Payment Status ↑↓	Payment Date ↑↓	Actions
<input type="checkbox"/>		New Enrollment	Application Fee Paid To Other Program	N/A		

1-1 of 1 item 1 of 1 page

**Supporting Documents**



Once supporting documentation has been uploaded, click **Close**.

**Supporting Documents** ×

Application ID	Enrollment Type <b>Facility/Agency/Organization(FAO) &amp; Group</b>	Applicant Type <b>Fee For Service (Billing)</b>
Name	Application Status <b>In Process</b>	

**Required Documents**

- Other State Medicaid Payment Confirmation Document

Document Type \*  Document Name \*

File Name \*   Remarks

Click **Next Step** to move to **Step 10**.

**Supporting Documents**

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input type="checkbox"/>	Fee Payment					02/24/2026	

**If Request Hardship Waiver has been selected**, add Comments to describe the hardship and enter Start Date as the date you are working on this step. Click **Save**.

  Request Hardship Waiver

If you would like to request a hardship waiver, select this option. Please be aware that requesting a waiver may cause delays in processing your application, as it requires additional review. Before submitting, you must upload a hardship letter in the Supporting Documents section. This letter must explain the reason for the hardship and be signed by an individual listed in this application who is authorized to submit the request. Along with the letter, you are required to provide last year's signed tax filings and returns, financial profit and loss statements, and bank statements for each of the last six months. Submission of a waiver does not guarantee approval, as it is subject to both state and federal review. If your waiver request is denied, you will be notified and required to pay the fee. Once all required documents are received, your application will move forward for review.

 Comments

Start Date \*   End Date  

After clicking **Save** the payment status will show N/A. Click **Add** to the right of **Supporting Documentation**. Follow instructions for uploading as in previous Milestones.

**Fee Payment**

<input type="checkbox"/> Payment Id ↑↓	Payment Reason ↑↓	Fee Option ↑↓	Payment Status ↑↓	Payment Date ↑↓	Actions
<input type="checkbox"/>	New Enrollment	Request Hardship Waiver	N/A 		 

1-1 of 1 item 1 of 1 page  

**Supporting Documents**



Upload the **Required Documents**. Once all required documents have been uploaded, click **Close**.

Supporting Documents ×

Application ID	Enrollment Type Facility/Agency/Organization(FAO) & Group	Applicant Type Fee For Service (Billing)	Name	Application Status In Process
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**Required Documents**

- Business-Last Year Tax Filing & Returns-Signed
- Financial Profit/Loss Exports
- Hardship Letter
- Last 3 Months or more Bank Statement

Document Type\* Document Name\*

Select Select

File Name\* Choose

File must be under 10 MB in size

**Upload document**

**Added Documents**

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date
No records found!						

**Close**

Click **Next Step** to move to **Step 10**.

Supporting Documents

**Add** Actions ▾

<input type="checkbox"/>	Document Type	Document Name	File Name	Remarks	Uploaded By	Uploaded Date	Actions
<input type="checkbox"/>	Fee Payment						

**Next Step**

**Step 10** Completion of Add Provider Controlling Interest/Ownership Details.

Providers are required to disclose details of controlling interest in and ownership of the applicant, including information for each of the parties, relationships with other individuals and/or providers who have controlling interest or are managing employees in the applicant. . TIP: As you enter information, review the ( ) icon, there you will find information related to required section ownership or managing employee types which must be disclosed.

**Click** the arrow next to the Show/Hide button in the purple instructions banner of any screen to display or hide instructions for that step. Click **Add** next to the **Owner's List**.

Department of Health < My Inbox - Provider -

Provider Portal

Return to List Application ID Enrollment Type Facility/Agency/Organization(FAO) & Group Applicant Type Fee For Service (Billing) Application Status In Process Name

Milestone 1  
Milestone 2  
Milestone 3  
Milestone 4  
Step 9 Fee Payment  
Step 10 Add Provider Controlling Interest/Ownership Details  
Milestone 5

Owners and Controlling Interest  
Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

Instructions Show

Owners List Add Import Owner

List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare Add

Subcontractor Information Add

Previous Step Next Step

Complete the required fields on the **Owners and Controlling Interest** page.

### Owners and Controlling Interest

\* Mandatory Fields

Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

Instructions Show

**Provider Controlling Interest/Ownership in Other Disclosing Medicaid/Medicare Entities**

Type \* Select  
Percentage Owned \*  
SSN \* 000-00-0000  
EIN/FEIN 00-0000000  
Legal Entity Name \*  
Entity Business Name \*  
Owner NPI  
 EFT Signer  Financial Custodian  
First Name \*  
Middle Name  
Last Name \*  
Suffix Select  
Date of Birth \* MM/DD/YYYY

After entering the Home address (of individual), Business/Org address (if non-individual type) disclosed, *click **Validate Address***. If an error message is received, correct the error. Otherwise, **Validated** will be shown next to **Address**.

Address 

Address Type

Address Line 1 \*

Enter Street Address or PO Box Only

Address Line 2

Address Line 3

City/Town \*

State/Province \*

County

Country \*

Zip Code \*



Validate Address

Select **Yes** or **No** under **Adverse Action**. Click **About Adverse Actions** for more information.

**Adverse Action**

Do you have, or have you ever had, a final adverse legal action imposed under a current or former name or business identity?

Yes  No



[About Adverse Actions](#)

Back

Save

If you Select **Yes**, a **Comments** box will pop up. Add a comment describing the circumstances around the adverse action. Click **Save**.

**Adverse Action**

[About Adverse Actions](#)

Do you have, or have you ever had, a final adverse legal action imposed under a current or former name or business identity?

Yes  No

Comments\*

0/4000

[Back](#) [Save](#)

Click **Add** under **Owners List** to add additional **Owners** and **Managing Employees**.

**Owners and Controlling Interest**

Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

**Instructions** [Show](#)

**Owners List**



[Add](#) [Import Owner](#) [Delete](#) [Show Filter](#) [Actions](#)

<input type="checkbox"/>	Owner ↑	Owner Type ↓	Address ↓	End Date ↓	Relationships ↓	Adverse Action ↓	% owned ↓	Actions
<input type="checkbox"/>					Completed	No		<a href="#">Edit</a> <a href="#">Delete</a>

1-1 of 1 item 1 of 1 page

[Manage Relationships](#) [Adverse Action](#)

Complete the required fields on the **Owners and Controlling Interest** page for **Managing Employees**.

### Owners and Controlling Interest

\* Mandatory Fields

Information about owners. Disclosure of individuals or entities is necessary for regulatory and compliance purposes

#### Instructions

Show

#### Provider Controlling Interest/Ownership in Other Disclosing Medicaid/Medicare Entities

Type* MANAGING EMPLOYEES	Percentage Owned*
SSN* 000-00-0000	EIN/FEIN 00-0000000
Legal Entity Name	Entity Business Name
Owner NPI	
<input type="checkbox"/> EFT Signer <input type="checkbox"/> Financial Custodian	
First Name*	Middle Name
Last Name*	Suffix Select
	Date of Birth* MM/DD/YYYY
<b>Contact</b>	
Phone Number* (000) 000 - 0000	Extn
	Mobile Number (000) 000 - 0000
Email Address example@email.com	Start Date* MM/DD/YYYY
	End Date MM/DD/YYYY

After entering the address *click* **Validate Address**. If an error message is received, correct the error. Otherwise, **Validated** will be shown next to **Address**.

**Address** ✔ Validated

Address Type

Address Line 1\*  
Enter Street Address or PO Box Only

Address Line 2                      Address Line 3

City/Town\*                      State/Province\*  
Select                      Select

County                      Country\*  
Select                      UNITED STATES

Zip Code\*



Fill out the **Adverse Action**. Follow instructions as previously explained for the **Owners and Controlling Interest**. Click **Save**.

Once Owners, those with a Controlling Interest, and Managing Employees have been entered, click **Manage Relationships**.

**Owners List**

Buttons: Add, Import Owner, Delete, Show Filter, Actions

<input type="checkbox"/>	Owner ↑	Owner Type ↑↓	Address ↑↓	End Date ↑↓	Relationships ↑↓	Adverse Action ↑↓	% owned ↑↓	Actions
<input type="checkbox"/>		MANAGING EMPLOYEES			Not Completed	No	5	<a href="#">✎</a> <a href="#">🗑</a>
<input type="checkbox"/>		OWNER OR PARTIAL OWNER - INDIVIDUAL			Not Completed	No	100	<a href="#">✎</a> <a href="#">🗑</a>

1-2 of 2 items | 1 of 1 page | [Manage Relationships](#) [Adverse Action](#)

Click **Not Completed** in the Status Column.

**Manage Relationships**

Application ID | Enrollment Type: Facility/Agency/Organization(FAO) & Group | Applicant Type: Fee For Service (Billing) | Application Status: In Process | Name

No owner relationship.

Selected Owner	SSN/EIN/FEIN	Status
		<input type="radio"/> Not Completed
		<input type="radio"/> Not Completed

Buttons: Cancel, Save

Select the **Relationship** type from the dropdown for each individual or entity listed. Once complete, click **Save**.

Manage Relationships

Application ID	Enrollment Type Facility/Agency/Organization(FAO) & Group	Applicant Type Fee For Service (Billing)	Application Status In Process	Name
----------------	--	---	----------------------------------	------

No owner relationship.

Selected Owner	SSN/EIN/FEIN	Status
		Completed

Assoc. Owner	SSN/EIN/FEIN	Type	Relationship
		MANAGING EMPLOYEES	Self

Cancel Save

If applicable, complete the **List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare** and **Subcontractor Information**. Follow instructions as explained for previous steps.

List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare



Subcontractor Information



Once the **Owners and Controlling Interest** section has been completed, click on **Next Step** at the bottom right.

List Ownership Interest in other Disclosing Entities reimbursable by Medicaid and/or Medicare

Add Delete Show Filter Actions

EIN/FEIN	Name	Address	Actions

1-1 of 1 item 1 of 1 page

Subcontractor Information



A screen will pop up to indicate that Milestone 4 is complete. **Click** Okay to acknowledge and move on to Milestone 5.

